

6/00

Brooklyn Developmental Disabilities Service Office

**COMPREHENSIVE FUNCTIONAL ASSESSMENT
ANNUAL INDIVIDUAL PROGRAM PLAN MEETING**Client's Name: VALERIE Young C#: _____ Residence: 314Date of Program Planning: APRIL 21, 2004**INTERDISCIPLINARY TREATMENT TEAM**

<u>John Huddell</u>	Team Leader
<u>Alvin Javo MD</u>	Client Coordinator
<u>President</u>	Physician
<u>Brian Carson</u>	Nurse
<u>M. Anna Tomita</u>	Pharmacist
<u>Teresa Dotson</u>	Dietician
<u>B. Villanueva SLP</u>	Day Program
<u>Michelle Berger</u>	Rehab. Program
<u>Jasmine Blackwell, OTR</u>	Outside Prog. Liaison
<u>Alma Dayley LSS</u>	Psychologist
<u></u>	Social Worker
<u></u>	Direct Care
<u></u>	Recreation
<u></u>	Physical Therapist
<u></u>	Occupational Therapist
<u></u>	Speech Pathologist
<u></u>	Other/Sign Title
<u></u>	Client
<u></u>	Correspondent

Parent/Correspondent was (✓) was not () invited to attend the meeting.

Parent/Correspondent did () did not (✓) attend the meeting.

The Client was (✓) was not () at the meeting.

Client is able () not able () to meaningfully participate in development of the plan.

The ITT reviewed the current level of care does () does not (✓) recommend a change in the residential placement at this time. Recommendation for change: The ITT recommended the following program placement: ATP Program Bldg 5The ITT recommends integration of the following programs: Social Svc, Medical
Dietetic, Psychological, Psychian, Recreation

done. If anything suspicious is found during a manual exam, then it will be followed up with the proper testing.

Current Health Status

Valerie's health status is currently stable (primary concern is behavior status and psychotropic medication regimen).

Serious Illnesses/Injuries/Hospitalization during the past year.

On 7-20-03 Valerie was observed to have an unsteady gait. The physician on duty sent Valerie out to the Coney Island Hospital ER to rule out Dilantin toxicity. Valerie was admitted and treated for the same. She was discharged in stable condition on 7-25-03. (See psych section for psychiatric hospitalizations over the year.)

Allergies

Nevane and Haldol caused EPS, Depakote caused elevated Amylase level

Sleep Habits (include special needs, i.e., bedrails, oxygen, etc.)

normal when not agitated

Dental findings

As per dental exams on 7-31-03, 12-4-03, 4-14-04: Valerie has non-inflamed soft tissue, restored teeth, missing teeth, decalcification and periodontitis advanced. Valerie is very uncooperative during exams and requires sedation prior to treatment. She lacks the cognitive ability to wear dentures. Valerie's oral hygiene is noted to be poor and therefore the team recommended a formal oral hygiene goal to address the need.

Any significant psychiatric findings

Valerie has a diagnosis of schizoaffective disorder including severe behavior problems of agitation, aggression, assault, property destruction, disruption and non compliance. Valerie went through several periods of behavioral instability with medication changes and psychiatric hospitalizations over the past year. The following is a summation of all occurrences since her last annual:

The team, along with other facility psychiatrists and neurologist, met on 6-23-03 to discuss Valerie's behavior status/incident. Valerie's behavior is very unmanageable and she is also exhibiting an increase in tardive dyskinesia/akatesia symptoms. She is excessively agitated, non compliant and restless in combination with jerking movements of her body (that get worse with the agitation). Valerie had an incident on 6-22-03 where she was unsteady on her feet, lost her balance and fell-sustaining a laceration that required seven sutures. The use of Seroquel may be attributing to the sudden increase in tardive symptoms, which led her to have an unsteady gait. {She is now utilizing a wheelchair for transport until further notice} Valerie was receiving Seroquel 300mg BID and Ativan 1mg daily. Seroquel was tapered and discontinued by 7/1. The team notes that this is a significant change (and the least restrictive) from her previous medication regimen of Remeron 30mg HS; Zyprexa 30mg HS; Seroquel 350mg/ am, 350mg/ hs; Lithium 600mg/ am, 600mg/ hs; Cogentin 2mg BID; Inderal